DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION

CONTROL NO.	LOAN TYPE (X one)			
	ACTIVE DUTY LRP			
	HEALTH PROFESSIONALS	LRP		
	SELECTED DESERVE LDD			

Form Approved OMB No. 0704-0152 Expires May 31, 2000

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0152), 1215 Jefferson Davis Highway, Suite 1204, Aflington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. FORWARD YOUR FORM TO THE APPROPRIATE ADDRESS AS INDICATED IN THE INSTRUCTIONS ON

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2171, 16301, 16302, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: To administer the DoD Loan Repayment Program.

ROUTINE USES: Release is restricted to the Department of Education, to the U.S. Public Health Service, to public and private higher educational institutions, to financial institutions, to the Internal Revenue Service, to private bill collection agencies. The information provided may be used in computer matching programs within the DoD or with any other affected Federal Agency for verification to determine your eligibility and/or compliance with the benefit program requirements being applied for herein and to effect recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary.

by a beneficiary or former beneficiary. DISCLOSURE: Voluntary; however, failure to provide your Social Security Number may delay processing of your LRP application.									
SECTION I - SERVICEMEMBER DATA (To be completed by servicemember)									
1. LENDER				· · · · · · · · · · · · · · · · · · ·	•	<u> </u>			
a. NAME		b. ADDRESS (Street, City, State, and ZIP Code)				c. TELEPHONE NUMBER (Include Area Code)			
d. ACCOUNT NUMBER						e. LOAN	OF	LOANS	
2. SERVICEMEMBER									
a. TYPED OR PRINTED NAME (Las	t, First, Middl	e Initial)		b. ADDRESS (Stre	et, City, State	, and ZIP Code)		
c. SOCIAL SECURITY NO.	d. TELEPI	HONE NO. (Incl. A	rea Code)						
I authorize the release of m lender/holder to complete entr			e. SIGNATURE				f. DATE SIGNED	(YYYYMMDD)	
SECTION II	- PERSON	NEL OFFICE VI	ERIFICATION	(To be completed i	by personne	el/unit records	custodian)		
3. UNIT OF ASSIGNMENT									
a. UNIT DESIGNATION			b. ADDRESS (Street, City, State, and ZIP Code)						
c. TELEPHONE NUMBER (Include A	rea Code)	d. LOAN ELIGIB	SILITY DATE						
4. PERSONNEL/UNIT RECORI	OS CUSTO	DIAN							
a. TYPED OR PRINTED NAME (Last, First, Middle Initial) b. SIGNATURE			c. DATE SIGNED (YYYYMMDD)						
	SECTION	III - LOAN STA	TUS CONFIRE	MATION (To be cor	mpleted by l	oan holder)			
5. LOAN DATA									
a. STATUS (X one)		b. ORIGINAL AMOUNT		c. OUTSTANDING d. INTEREST DUE			e. DATA SHOWS CONSOLI- DATION (When multiple		
IN DEFAULT PAY	MENTS			BALANCE	(Not pai	d by DOE)	loans are involv		
DEFERRED BEI	NG MADE						YES	NO	
6. LOANHOLDER DATA									
a. NAME				c. ADDRESS (Street	et, City, State	, and ZIP Code)		
b. TELEPHONE NUMBER (Include A	rea Code)								
7. INSTITUTION WHERE PAY	MENT IS TO	BE SENT		•					
a. NAME			c. ADDRESS (Street, City, State, and ZIP Code)						
b. TELEPHONE NUMBER (Include A	rea Code)								
8. TYPE OF LOAN 9. ORIGINAL DATE OF NOTE (YYYYMMDD) 10. UNPAID BALANGE			INTEREST 12. LOAN ACCOUNT NUMBER RATE						
13. CERTIFYING OFFICER. As an official of the holding institution, I verify that SECTION III information is correct and current. Copy of the promissory note(s) is enclosed.									
a. NAME (Last, First, Middle Initial) (Please print or type)		b. TITLE		c. SIGNATURE			d. DATE SIGNED	(YYYYMMDD)	

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